Type a plus	sign (+) inside this box	\rightarrow	+

PLANT PATENT

APPLICATION (35 U.S.C. 161)

DECLARATION

(37 CFR 1.63)

POULty004 APP

L. Pernille Olesen

COMPLETE IF KNOWN

Type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

Declaration Submitted	Declaration Submitted after Initial	Filing Date				
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit		1661		
T lilling	required)	Examiner Name			<i>)</i>	
As a below named inventor, I hereby o	declare that:		· · · · · · · · · · · · · · · · · · ·			
My residence, mailing address, and citize	enship are as stated below ne	ext to my name.				
I believe I am the original, first and sole i new and distinct variety of:	nventor (if only one name is li	isted below) or an original, fir	st and joint inventor (if p	lural names are listed b	elow) of the	
Miniature Rose Plant Named	1					
plant named: POULty004						
which is claimed and for which a plant pa	atent is sought, the specificati	ion of which				
is attached hereto OR	was filed on (MM/DD/YYYY)		as Unit	ed States	
Application Number	and was ame	nded on (MM/DD/YYYY)		(if applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim, as amended by any amendment specifically referred to above. I have asexually reproduced the plant to which this application applies.						
Said plant was found in a cultivated	d area (check this box for nev	vly found plant only)				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attac YES NO	ched?	
2002/1822	EU	11/18/2002				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Гуре	a plus	sign	(+)	inside	this	box	\rightarrow	+
ypc .	a pius	31911	1''	1113100	uus	UUA		

PTO/SB/03 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCI Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION — Plant Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Applicati n Number(s)	Filing Date (MM/DD/YYYY			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
	omer Number ir Code Label			OR 🗹 Co	orrespondence address below	
Name Poulsen Roser A	′S					
620 South Front S	Street					
Address						
Central Point		<u>-</u> .	St	OR ate	97502 ZIP	
USA Country	Tele	(541) 245-8050			(541) 665-2252 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENT	OR:		☐ A peti	tion has been fi	iled for this unsigned inventor	
Given L. Pernille Family Name Olesen Name or Surname						
Inventor's Signature						
Fredensborg Residence: City	s	itate	Country	Denmark	Danish Citizenship	
Mailing Address Kratbjerg 332						
Mailing Address						
City		tate	DK-3480 Z ip		Denmark Country	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Mogens N. Family Name Olesen or Surname						
Inventor's Signature				Date 10 OCT 2003		
Residence: City Fredensburg	s	itate	Country	Denmark	Citizenship Danish	
Mailing Address Kratbjerg 332						
Mailing Address					4	
City Fredensborg	St	tate	Zip D	K-3480	Country Denmark	

Additional inventors are being named on the ___supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.